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Bib Data Sheet

CONFIRMATION NO. 3568

<b>SERIAL NUMBER</b> 09/939,119	<b>FILING DATE</b> 08/24/2001 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1656	<b>ATTORNEY DOCKET NO.</b> AFFYP016C1
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**APPLICANTS**  
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**\*\* CONTINUING DATA \*\*\*\*\***  
X THIS APPLICATION IS A CON OF 08/853,370 05/08/1997 PAT 6,300,063  
WHICH IS A CIP OF 08/563,762 11/29/1995 PAT 5,858,659  
AND CLAIMS BENEFIT OF 60/017,260 05/10/1996

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***  
Jh

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**  
\*\* 11/06/2001

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature <u>[Signature]</u> Initials <u>[Initials]</u>	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 10	<b>TOTAL CLAIMS</b> 7	<b>INDEPENDENT CLAIMS</b> 1
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**ADDRESS**  
26541

**TITLE**  
Polymorphism detection

<b>FILING FEE RECEIVED</b> 710	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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